

EXHIBIT H

POLICY NO. MPA 81 29 88

COMMERCIAL PACKAGE

MPA 81 29 88

NOTICE OF POLICY EXPIRATION
 NOTICE OF CANCELLATION
FOR NONPAYMENT OF PREMIUM

HARLEYSVILLE MUTUAL INS. CO.
355 MAPLE AVE
HARLEYSVILLE PA 19438

Agent

07-3641
S. T. GOOD INSURANCE, INC.
67 CHRISTIANA ROAD
NEW CASTLE DE 19720

650
PAYER LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

EXPIRATION	PAST DUE
EFFECTIVE	AMOUNT
06-08-04	\$283.80
12.01 AM	
STANDARD TIME	

WE HAVE NOT RECEIVED YOUR PREMIUM PAYMENT. COVERAGE EXPIRED ON THE DATE STATED ABOVE. CONTINUOUS PROTECTION IS POSSIBLE IF PAST DUE AMOUNT IS RECEIVED BY THE COMPANY/AGENT BEFORE THE EXTENDED DUE DATE OF 06-30-04 12.01 AM STANDARD TIME

Any non-payment cancellation notice will take precedence over notice of cancellation or non-renewal for any other reason, and the date on the non-payment cancellation notice shall be the date of cancellation.

RETURN THIS PORTION WITH YOUR PAYMENT

Policy No. MPA812988
COMMERCIAL PACKAGE

EXPIRATION	PAST DUE
EFFECTIVE	AMOUNT
06-08-04	\$283.80
12.01 AM	DRE
STANDARD TIME	

Insured LAYNE DREXEL

EXTENDED DUE DATE 06-30-04

BRANCH 30

Please make your check or money order payable to HARLEYSVILLE INSURANCE and forward payment in the enclosed envelope to the PROCESSING CENTER AT 355 MAPLE AVENUE, HARLEYSVILLE, PA 19441. Include your policy number on the face of the check. MAIL IT TODAY TO KEEP YOUR VALUABLE PROTECTION IN FORCE. If your payment has already been forwarded, it will be acknowledged. THANK YOU FOR YOUR PAYMENT!

061404 EXPIRATION DATE If address change, cross out the 'Y' and indicate new address below Insured Name
CONTROL 173 060805

Mailing Date: 061504
C-SSO (Ed. 12-96)

Y

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